DOCUMENT RESUME

ED 313 570 CE 053 852

TITLE AIDS Education Curriculum Guide.
INSTITUTION Horry County Board of Education, Conway, S.C.
SPONS AGENCY South Carolina State Dept. of Education, Columbia. Office of Adult Education.
PUB DATE 89
NOTE 86p.
PUB TYPE Guides - Classroom Use - Guides (For Teachers) (052)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Acquired Immune Deficiency Syndrome; Adult Education; *Course Content; Course Organization; Decision Making; Decision Making Skills; Educational Resources; *Ethical Instruction; *Health Education; Individual Development; Learning Activities; Lesson Plans; *Sex Education; Sexuality; Teaching Methods; Units of Study
IDENTIFIERS 310 Project

ABSTRACT

This curriculum guide was developed, based on sound principles of human growth and development, to present the most recently available information on AIDS (Acquired Immune Deficiency Syndrome). The curriculum presents information on the known facts about AIDS and the AIDS virus infection. It also addresses the potential for adolescents and adults to contract the AIDS virus, explaining the extent to which promiscuity and drug abuse contribute to the potential spread of AIDS. The curriculum emphasizes the decision-making process. It affirms clear moral standards for AIDS education and provides information on how to help people resist social pressures that contribute to dangerous behavior. The curriculum guide contains 11 lesson plans for units on AIDS. Each lesson plan includes unit topic, suggested teaching time, key teaching resources, objective, teaching activities, suggested resources, and evaluation methods. Tests and answer keys are provided. Transparency masters are also included. (KC)

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AIDS EDUCATION CURRICULUM GUIDE

HORRY COUNTY SCHOOL DISTRICT
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OF HORRY COUNTY SCHOOL DISTRICT'S
OFFICE OF ADULT AND COMMUNITY EDUCATION
AND SOUTH CAROLINA DEPARTMENT OF
EDUCATION'S OFFICE OF ADULT EDUCATION.

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RATIONALE

Because the spread of Acquired Immune Deficiency Syndrome (AIDS), an incurable illness resulting from the deterioration of the human immune system, is now a world-wide epidemic, efforts to educate persons of all ages about this disease have been intensified. In the fight to prevent the spread of AIDS, education has become a valuable weapon. In fact, education is the only known weapon available to combat this dreadful disease.

This curriculum has been based on sound principles of human growth and development, appropriate approaches to AIDS education, and the most recent available information on AIDS. Curriculum content was first identified; the teaching plan was then designed.

The curriculum is intended to be scientifically accurate and a meaningful contribution to the development of a high level of wellness. In developing this curriculum, medical information from respected authorities, guidance from numerous resource persons in education and human development, and a multiplicity of research and resource materials on AIDS and AIDS education have been used.

The curriculum presents information on the known facts about AIDS and the AIDS virus infection. It also addresses the potential for adolescents and adults to contract the AIDS virus, explaining the extent to which promiscuity and drug abuse contribute to the potential spread of AIDS.

The curriculum emphasizes an important decision-making process. It affirms clear moral standards for AIDS education and provides information on how to help people to resist social pressures that contribute to dangerous behavior. Abstinence in sexual activity and drug use, two leading causes of the transmission of AIDS, is stressed in the curriculum.

The curriculum plans are based on a careful selection of core and supplemental teaching materials. Those materials selected have been reviewed by a committee and have received nationwide support. The instructional materials that support the curriculum for both the teachers and students include commercially-developed and government-produced documents of wide acclaim. Plans for providing information on the curriculum contents have been delineated.

This curriculum addresses the issues and questions that people face. The committee believes that this is done in a manner consistent with moral principles, with the best medical information available, and with the best interests of the individual as the focal point.

If the stated goal and objectives in this curriculum plan are achieved, adults will be the benefactors of an education that will saves lives and contribute significantly to the health and well being of themselves and others now and in the future.

WHY SHOULD AIDS EDUCATION BE TAUGHT?

AIDS education in public school programs may well be the only formal instruction our citizens will receive on this critical health problem; therefore, AIDS instruction is timely and appropriate, especially with the knowledge that AIDS is now a major global public health problem. Its incidence is increasing and it is spreading in a pandemic proportion.

Various studies conducted throughout the nation have clearly pointed out the need for AIDS instruction. These studies yielded the following findings:

1. Current epidemiologic trends suggest that teenagers are being infected more frequently than has been previously recognized.

   Few teens are currently diagnosed as having AIDS, but since the average incubation period often exceeds five years, it is clear that some young adult AIDS cases resulted from infection contracted during the teenage years.

2. A significant percentage of high school students currently practice high-risk sexual activities.

   Fifty percent of teenage women in high school have had sexual intercourse, and 16 percent report having had four or more partners. More than 1,000,000 teenage pregnancies occur annually (that is, over 3,000 conceptions daily). One in seven teenagers currently has a sexually transmitted disease.[2]

3. A significant number of American teenagers currently use drugs intravenously.[3]

   Over 200,000 enrolled students have used heroin. Two million have used other opiates; seven million have used stimulants; over three million have used cocaine. Any of these substances may be injected intravenously.

4. Future choices that involve risk behaviors are likely.

5. People want AIDS education.

   A recent survey of San Francisco high school students showed 87.6 percent supporting AIDS education in the schools.[4]

6. Teens may have unnecessary fears about casual contagion.

   As Catherine Golliher, a health teacher in California said in Update (August 1987), "When students learn that transmission of the virus from an infected individual to a new host can be blocked and that no evidence shows AIDS to be spread by casual contact, they often express considerable relief."

7. Providing education now--especially helping students to understand that HIV-infection (AIDS) is preventable--is likely to deflect eventual campus hysteria such as that experienced when AIDS cases have appeared in other settings.

Footnotes and Sources

[1]Alan Guttmacher Institute, Teenage Pregnancy: The Problem That Hasn't Gone Away (New York: Alan Guttmacher Institute, 1981).

[2]R. Lumiere and S. Cook, Health Sex (New York: Simon & Schuster, 1983).

[3]L. D. Johnston, P. M. O'Malley, and J. G. Bachman, Use of Licit and Illicit Drugs by America's High School Students, 1975-1984 (U. S. Department of Health & Human Services, 1985: DHHS Publications No. (ADM) 85-1394).

[4]R. J. DiClemente, J. Zorn, and L. Temoshok, "Adolescents and AIDS: A survey of knowledge, attitudes, and beliefs about AIDS in San Francisco," American Journal of Public Health 76 (1986): 1443-1445.

MATCHING AIDS EDUCATION APPROACHES TO HUMAN GROWTH AND DEVELOPMENT CHARACTERISTICS

Research on growth and development indicates that individuals are likely to be:

- in possession of a strong sense of personal identity;
- seeking greater independence;
- influenced by peer pressures and attitudes;
- open to information provided by trusted adults;
- beginning to think about establishing more permanent relationships;
- experiencing an illusion of immortality; and
- sexually active.

Therefore, the selected approaches to AIDS education should primarily attempt to teach individuals to protect themselves and others from infection with the AIDS virus. Thus, the program should include the following:

- Individuals should be given information about AIDS, its transmission, the three stages of infection, testing, and prevention.
- AIDS issues should be made as real as possible without overly frightening individuals.
- The focus should be on healthy behaviors rather than on the biomedical aspects of the disease.
- Individuals should be helped to examine and affirm their own values and to develop responsible decision-making about sex.
- It is important to be honest and to provide information in a straightforward manner.
- Appropriate sexual vocabulary should be use.
- It is important to be non-threatening and to work to alleviate anxiety.
- Teachers should be prepared to answer detailed medical questions from those who want more than the minimal information.

References

Erikson, Erik. Childhood and Society. New York: Norton, 1950.

Flake-Hobson, Robinson & Skeen, Child Development and Relationships. Reading, MA: Addison-Wesley, 1983.

Hendrick, Joanne. Total Learning: Curriculum for the Young Child, 2nd ed., Columbus, OH: Merrill, 1986.

Journal of the National Association for the Education of Young Children, September 1986.

GOAL OF AIDS EDUCATION

Education about Acquired Immune-Deficiency Syndrome (AIDS) should prepare individuals to protect themselves and others from infection. That is, following instruction about AIDS, students should act more responsibly and make decisions that will contribute to the health and well-being of themselves and others.

OBJECTIVES OF AIDS EDUCATION CURRICULUM

Students will be able to:

1. Define the acronym AIDS and use key vocabulary and the selected study guide related to this unit.
2. Explain how the AIDS virus breaks down the body's immune system.
3. Discuss the theories as to the origin of the disease.
4. Identify the ways the AIDS virus is transmitted.
5. Identify, describe, and avoid risk behaviors known to transmit the AIDS virus.
6. Discuss the tests used to detect antibodies to the AIDS virus.
7. Explain the probable outcomes that result when a person is infected with the AIDS virus and describe what it is like to have AIDS.
8. Identify and discuss the current emphases on AIDS treatment and research.
9. Discuss the importance of choosing wellness behaviors and identify and describe guidelines for making responsible decisions that will prevent AIDS.
10. Give examples of refusal skills that can be used to say "no" to risk behaviors.
11. Demonstrate through discussion and a written test the knowledge gained in this unit of study.

INTRODUCTION TO THE UNIT

THE MERRILL WELLNESS SERIES, produced by the Merrill Publishing Company, was chosen as the primary teaching resource material for this AIDS education curriculum because it presents factual information on AIDS and provides a framework for teaching responsible decision-making skills as well as refusal skills that students will need to prevent ever becoming infected with the AIDS virus. This primary material along with the teaching strategies and supplementary resources recommended in this guide will help students gain self-confidence as they learn to assume responsibility for their behavior choices.

The booklet, AIDS: Understanding and Prevention, includes detailed information about the disease AIDS; the immune system; the history of AIDS: transmission of the AIDS virus; risk behaviors and situations; detection of the AIDS virus; what it is like to be infected with the AIDS virus; treatment and research; and prevention. Students will study about the spread of AIDS. Seven risk behaviors are identified: (1) sexual intercourse with an infected partner, (2) anal intercourse with an infected partner, (3) oral-genital intercourse with an infected partner, (4) open-mouth kissing with an infected partner, (5) sexual contact with multiple sex partners or with someone who has had multiple sex partners, (6) sexual contact with prostitutes, and (7) sharing needles during intravenous drug use. There are two risk situations over which we have no control: (1) transfusions with infected blood or blood products, (2) pregnancy of an infected woman. In each of these risk behaviors or risk situations, body fluids must be exchanged between an infected person and an uninfected partner for the AIDS virus to be transmitted.

The importance of condom use in helping to prevent the spread of the AIDS virus if a person chooses to remain at risk is discussed. This information is presented purely as factual information.

Students are encouraged not to engage in risk behaviors and are introduced to refusal skills that can be used to say no to these harmful and possible life-threatening behaviors.

In introducing the unit of study, careful attention should be given to highlighting the organization of the primary resource booklet--AIDS: Understanding and Prevention. The "Vocabulary and Study Guide" section on page 20 in the Teacher Edition should be shared with students. Teachers should pronounce the key vocabulary and briefly define the terms as an overview of the unit. The study notes should be discussed as an advance organizer so the students will be alerted to the topics to be studied. Periodic reference to the "Vocabulary and Study Guide" section is recommended during the study period.

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AIDS EDUCATION CURRICULUM PLANS

Topic: Understanding the Disease

Suggested Teaching Time: First Part of Period One

Key Teaching Resource: THE MERRILL WELLNESS SERIES - AIDS: Understanding and Prevention

Objective	Teaching Activities	Resources	Evaluation
1.0. The students will be able to define the acronym AIDS and use key vocabulary and the selected study guide related to this unit.	1.1 Administer pre-test as spouge activity.	1.1. Use Merrill TE, p 5.	
	1.2 Introduce key vocabulary by pronouncing words and briefly giving definitions. Introduce study notes and plan for THE MERRILL WELLNESS SERIES--AIDS: Understanding and Prevention.	1.2. Use Vocabulary and Study Guide, Merrill AIDS: Understanding and Prevention, Teacher's Edition, (TE), p. 20. Refer to p. 3 for strategies.	1.2. Have students define the acronym AIDS.
	1.3 Define AIDS.	1.3. Use Teaching Masters (Transparencies) 1-3 and Merrill TE, p. 3 for AIDS definition.	1.3. Use pre-test results for further planning.
	1.4 Define the term "opportunistic disease."	1.4. Use Merrill TE, p.3 to discuss the immune system.	
		1.5. Use district-developed pre-test.	

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AIDS EDUCATION CURRICULUM PLANS

Unit Topic: Understanding How AIDS Affects the Immune System

Suggested Teaching Time: One Class Period

Key Teaching Resource: THE MERRILL WELLNESS SERIES - AIDS: Understanding and Prevention

Objective	Teaching Activities	Resources	Evaluation
2.0. The students will be able to explain how the AIDS virus breaks down the body's immune system.	2.1. Explain the human immune system and the effect of the HIV on the system.	2.1. Use the Surgeon General's Report on AIDS, pp. 9-10, to clarify definition of AIDS.	2.1. Have students explain how AIDS kills without being the cause OF DEATH (i.e., opportunistic diseases)
	2.2. Present information on Teaching Masters (Transparencies) 4 and 5 on the body defense system and how the AIDS virus works.	2.2. Use Teaching Masters (Transparencies) 4 and 5 and information in TE pp. 3-4. Also use Merrill Student Edition (SE), pp. 5-7.	2.2. Have students explain how the virus breaks down the immune system. (Teaching Master 5 and the picture on p. 7, Merrill SE will provide basis for a correct response.)
	2.3. Discuss what a virus is using the content in district-approved biology texts as resources.	2.3. Use district-approved biology texts as resources.	
	2.4. Discuss AIDS statistics.	2.4. Use the American Red Cross videotape, "Beyond Fear: The Virus." (20 minutes.)	
	2.5. Present facts from "Adolescent AIDS Information" material prepared in the school district based on Congressional Testimony of Dr. Theresa L. Crenshaw.	2.5. Use AIDS Statistics Update Teaching Masters (Transparencies) 6-8.	
	2.6. Discuss the fact that there is no cure or vac-	2.6 Use DIRECT TEACHING SUPPLEMENT NUMBER 1	

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AIDS EDUCATION CURRICULUM PLANS

Unit Topic: Understanding How Aids Affects the Immune System, continued

Suggested Teaching Time: One Class Period
Key Teaching Resource: THE MERRILL WELLNESS SERIES - AIDS: Understanding and Prevention

Objective	Teaching Activities	Resources	Evaluation
	2.6. cine for the virus to date.	2.6. pp. 27,28.	
		2.7. Use Teaching Master (Transparency) 9.	

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AIDS EDUCATION CURRICULUM PLANS

Topic: Understanding How AIDS May Have Begun

Suggested Teaching Time: 0.3 Class Period
Key Teaching Resource: THE MERRILL WELLNESS SERIES - AIDS: Understanding and Prevention

Objective	Teaching Activities	Resources	Evaluation
3.0. The student will be able to discuss the theories as to the origin of the disease.	3.1. Discuss the green monkey theory. 3.2. Describe the growth of AIDS in the U.S. beginning in 1981. 3.3. Mention AIDS case from 1959,and the following: "Seven to eight million Africans are sero-positive and Africa is not heavily homosexual."	3.1. See SE, p.8. 3.2. Refer to SE, p. 8, and other materials.	3.1. Have students respond to the following questions: . Explain the green monkey theory. . When was AIDS first diagnosed in the U.S.? . How many AIDS victims might there be in the U.S. by 1991? . Based on the history of the disease in Africa, can we conclude that AIDS is a homosexual disease?

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AIDS EDUCATION CURRICULUM PLANS

Topic: Understanding How the Virus is Transmitted

Suggested Teaching Time: One Class Period
Key Teaching Resource: THE MERRILL WELLNESS SERIES - AIDS: Understanding and Prevention

Objective	Teaching Activities	Resources	Evaluation
4.0. The students will be able to identify the ways the AIDS virus in transmitted	4.1. Conduct a lecture beginning with the ways AIDS is not transmitted using the statement, "The HIV must get into your bloodstream for you to become infected."	4.1. Use SE, pp. 9-10 and Teaching Master (Transparency) 10. Use TE, p.5, also.	4.1. Have students to identify the ways the AIDS virus in transmitted.
	4.2. Continue the lecture by discussing the four ways the AIDS virus is transmitted.	4.2. Refer to "Beyond Fear: The Virus" (American Red Cross videotape - Objective 2.0.).	
	4.3. To help students understand how AIDS is transmitted, review the structure and function of the male and female reproductive systems.	4.3. Use Teaching Masters (Transparencies) 11 and 12.	
		4.4 Show Teaching Masters (Transparencies) 13 and 14 and refer to TE p. 5.	

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AIDS EDUCATION CURRICULUM PLANS

Unit Topic: Understanding the Importance of Avoiding Risk Behaviors

Suggested Teaching Time: 0.7 Class Period
Key Teaching Resource: THE MERRILL WELLNESS SERIES - AIDS: Understanding and Prevention

Ojjective	Teaching Activities	Resources	Evaluation
5.0. The students will be able to identify, describe, and avoid risk behaviors known to transmit AIDS.	5.1. Introduce vocabulary to include sexual intercourse, oral-genital intercourse, blood transfusion, homosexual, heterosexual, bisexual, hemophilia, prostitute, and intravenous drug use.	5.1. See TE, pp. 4, 5, and 6. Use Merrill SE, pp. 7, 8 and 9.	5.1. Have students list: . Behaviors not known to transmit the HIV. . Behaviors known to transmit the HIV.
	5.2. Discuss each risk behavior and give the relative degree of risk for each, emphasizing that anal intercourse is one of the most dangerous behaviors. Emphasize the new federal government reports that focus on monogamous relationships, abstinence, and making responsible decisions that lead to wellness	5.2. Refer to TE, p.6, for specific teaching strategies. Use SE, pp. 10-13. Use Teaching Masters (Transparencies) 15, 16, and 17. Also use the Surgeon General's Report on Aids and Secretary of Education Bennett's report AIDS and the Education of Our Children.	. Explain why each risk behavior is a risk.
	5.3. Present "Risk Behaviors and Situations" material prepared in the school district. Explain information along with 5.2.	5.3. Use DIRECT TEACHING SUPPLEMENT NUMBER 2, p. 29.	
	5.4. List behaviors not thought to constitute a risk for catching AIDS.	5.4. See TE, p. 6.	
	5.5. Define monogamous relationships.	5.5. See SE,p 21 and TE, p. 9.	

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AIDS EDUCATION CURRICULUM PLANS

Topic: Understanding Tests Used to Detect the AIDS Virus

Suggested Teaching Time: .1 Class Period
Key Teaching Resource: THE MERRILL WELLNESS SERIES - AIDS: Understanding and Prevention

Objective	Teaching Activities	Resources	Evaluation
6.0. The students will be able to discuss the tests used to detect antibodies to the AIDS virus.	6.1. Present a lecture on the detection of the AIDS virus. Explain two tests: ELISA and Western Blot.	6.1. Refer to TE, pp. 6-7 and SE, p. 14.	6.1. Have students describe the tests used to detect antibodies to the AIDS virus.

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AIDS EDUCATION CURRICULUM PLANS

Topic: Understanding the Probable Outcomes of Infection and What It is Like to Have AIDS

Suggested Teaching Time: .7 Class Period
Key Teaching Resource: THE MERRILL WELLNESS SERIES - AIDS: Understanding and Prevention

Objective	Teaching Activities	Resources	Evaluation
7.0. The students will be able to explain the probable outcomes that result when a person is infected with the AIDS virus and describe what it is like to have AIDS.	7.1. Assign students to read in SE, pp. 15-17. Follow up with a discussion of the contents of this reading passage on AIDS infection. Discuss symptoms of AIDS.	7.1. Use SE, pp. 15-17. Use TE, p.7. Use U. S. Surgeon General"s Report and U. S. Secretary of Education Bennett's report.	7.1. Have students explain the probable outcomes that result when a person is infected with the AIDS virus.
	7.2. Discuss the following: HIV Infection ARC AIDS ("Iceberg Effect")	7.2. Use SE, pp. 15-16. Use again Teaching Masters (Transparencies) 8 and 16 and introduce TM (T) 18 on the "Iceberg Effect" of the virus.	7.2. Ask students to describe what it is like to have AIDS.
	7.3. Use activity "Giving Advice About AIDS."	7.3. Use American Red Cross AIDS Prevention Program for Youth: Information for Teachers/ Leaders resource booklet, pp. 48-52 for the "Giving Advice..." activity.	7.3. Have students to cite the high failure rate of condoms in transmitting the AIDS virus.
	7.4. Discuss prevention of the AIDS infection, using SE, pp. 19-20. Discuss the use of condoms in the context of using them to	7.4. Refer to SE, pp. 19-20 See Surgeon General's Report. Also use information on	

Horry County School District

AIDS EDUCATION CURRICULUM PLANS

Topic: Understanding the Probable Outcomes of Infection and What It Is Like to Have AIDS, continued

Suggested Teaching Time: .7 Class Period
Key Teaching Resource: THE MERRILL WELLNESS SERIES - AIDS: Understanding and Prevention

Objective	Teaching Activities	Resources	Evaluation
18	prevent the spread of the AIDS virus. Use factual information and explain failure factor of condom use. Use the material "What About 'Safe' Sex and Condom Usage?"	p. 16 of AIDS and the Education of Our Children (Bennett's Report). Use DIRECT TEACHING SUPPLEMENT NUMBER 4, p. 33	

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AIDS EDUCATION CURRICULUM PLANS

Topic: Knowing What's Being Done to Cure AIDS

Suggested Teaching Time: .2 Class Period
Key Teaching Resource: THE MERRILL WELLNESS SERIES - AIDS: Understanding and Prevention

Objective	Teaching Activities	Resources	Evaluation
8.0. The Students will be able to identify and discuss the current emphases on AIDS treatment and research.	8.1. Introduce vocabulary, to include Acyclovir, AZT, and bone marrow.	8.1. Use TE, p.8.	8.1. Have students to answer these questions:
	8.2. Discuss the terminal nature of AIDS, contrasted to asymptomatic infection and ARC.	8.2. Use SE, pp. 17-19.	. How is AZT being used to treat AIDS patients today?
		8.3. TM. 21 and 23.	. Why do bone marrow transplants or white blood cell transfusions not cure AIDS?

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AIDS EDUCATION CURRICULUM PLANS

Topic: Understanding Wellness and Responsible Decision Making

Suggested Teaching Time: .5 Class Period
Key Teaching Resource: THE MERRILL WELLNESS SERIES - AIDS: Understanding and Prevention

Objective	Teaching Activities	Resources	Evaluation
9.0. The students will be able to discuss wellness behaviors and describe guidelines for making responsible decisions that will prevent AIDS.	9.1. Introduce the "Wellness Scale" using teaching strategies on p. 2 in TE, especially #6.	9.1. Use TE, p. 2. 9.2. Use SE, pp. 2-3. 9.3. Use Teaching Master (Transparency) 1 and 19.	9.1. Have students to describe wellness behaviors and explain guidelines for making responsible decisions that will prevent AIDS.

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AIDS EDUCATION CURRICULUM PLANS

Topic: Demonstrating Refusal Skills

Suggested Teaching Time: .5 Class Period
Key Teaching Resource: THE MERRILL WELLNESS SERIES - AIDS: Understanding and Prevention

Objective	Teaching Activities	Resources	Evaluation
10.0. Students will be able to give examples of refusal skills that can be used to say "no" to risk behaviors.	10.1. Explain the techniques of refusal skills.	10.1. Use Teaching Master (Transparency) 20 (TE, p.13).	10.1. Ask students to: explain what refusal skills are. review ways a person can say "no" to being sexually active.

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AIDS EDUCATION CURRICULUM PLANS

Unit Topic: Reviewing and Evaluating the AIDS Unit

Suggested Teaching Time: 2.0 Class Periods
Key Teaching Resource: THE MERRILL WELLNESS SERIES - AIDS: Understanding and Prevention

Objective	Teaching Activities	Resources	Evaluation
11.0 Students will demonstrate through discussion and a written test the knowledge gained in this unit of study.	11.1. Conduct an introductory discussion for viewing the videotape "A Letter from Brian." Show the videotape. Conduct a follow-up discussion using the district-developed Discussion Guide.	11.1. Use the American Red Cross videotape, "A Letter from Brian." (29 minutes). Use the Discussion Guide on p. 24 of this curriculum guide.	11.1. Concepts discussed in "A Letter from Brian" should reflect the understanding and importance of abstinenc commitment to a long-term marital relationsh and the misnomer of "safe sex." Does the discussion indicate that these concepts have been developed?
	11.2. Review major content of unit, and give the post-test.	11.2.1 Use the information in the TE, p. 10 to review unit content as needed	
		11.2.2. Give the Merrill AIDS: Understanding and Prevention test (or selected parts), TE, pp. 21-24.	11.2. Students are to respond to the Merrill unit test (or selected parts) with a high level of accuracy.
	11.3. Conclude the unit by discussing the contents of Part 2, "Self-Respect and Freedom from AIDS," in AIDS and Young People. Summarize carefully and forcefully the six points in this chapter.	11.3. Use AIDS and Young People, pp. 24-32. (Ten copies are available to each teacher and may be rotated among students as take-home reading material during the unit of study.)	

DISCUSSION GUIDE FOR VIDEOTAPE
"A LETTER FROM BRIAN"

Teacher Introduction to "A Letter from Brian"

Teacher: Read the following introductory statement before the video is shown to the class:

"This film deals with a subject that some may find controversial. There are situations in this film where individuals discuss sexual activity and AIDS prevention in frank terms. This film deals with the threat of the disease, AIDS, for individuals and how they can avoid getting the disease.

With regard to the subject matter and sexuality, the American Red Cross supports the following principles:

1. For a variety of health, social, and economic reasons, 'saying no' to sexual activity is highly recommended behavior.

2. Education regarding sexuality should be provided within the family, with schools and community organizations supplementing parental education, while encouraging parent-child communication. Instruction should be provided for parents and teenagers.

3. Sexuality education should be based on positive values that rest on religious, ethical, legal, and moral foundations."

This statement will be shown and read again at the beginning of "A Letter from Brian" and be reinforced in that manner.

Then, present a vocabulary review. Include these terms:

Abstinence

Monogamous

Condom

Show the videotape.

After the video, begin a discussion of it by referring to Dr. Everett Koop's statement about avoiding a heterosexual epidemic. "We can avoid it by changing our lifestyles: by abstinence, by a long term monogamous relationship with one continuous partner or, if we do not obey these two good rules, then use protected sex."

Michael Warren said near the end of this video that if we choose to say "yes" to sex, then it is our responsibility to protect ourselves. Let's talk about protection.

Lead a discussion of the risks involved with using condoms, citing failure rates studies. (See Direct Teaching Supplement Number 1, paragraph 9.)

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For use with Objective 2.0.

SPECIAL TEACHING SUPPLEMENTS

AIDS Education Curriculum
DIRECT TEACHING SUPPLEMENT NUMBER 1

AIDS INFORMATION

Source: Congressional Testimony for Children and Teenagers by Theresa L. Crenshaw, M.D., The Crenshaw Clinic, San Diego, California, To the Select Committee on Children, Youth, and Families, June 18, 1987.

A summary of Dr. Theresa Crenshaw's testimony follows:

1. Teenagers are a high risk group for HIV infection.

2. An unpublished report from the Centers for Disease Control indicates 14,000 adolescents in New York City alone are already infected. This is followed by 34,000 nationwide. This is considered a conservative estimate.

3. In the 20-29 age range, there are approximately 8,000 cases of AIDS. The majority of these who are now manifesting the clinical syndrom of AIDS were infected five or more years earlier, meaning that they contracted the disease as teenagers.

4. The Centers for Disease Control estimates that for every case of AIDS there are 10 cases of ARC and for every case of ARC there are 10 individuals infected but asymptomatic. If one applies these figures and assumes conservatively that only 4,000 in this group (age 20-29) were infected as teenagers, that would mean that 40,000 had ARC and 400,000 could be carrying the AIDS virus asymptomatically. These are the individuals who were infected five years ago and this statistic does not include those infected since.

5. These figures are staggeringly unacceptable and hopefully do not represent reality. However, the alarming issue is that they could be real but we don't know because we haven't been tracking the children we are charged to protect. Instead, the extreme left and the extreme right cloud the issue by debating whether condoms should be distributed in school or whether our children should be exposed to the perils of sex education. The adults and the authorities are too preoccupied fighting among themselves to have a meaningful, valuable, preventive impact on behalf of our children and youth.

6. The incidence of sexually transmitted diseases among preadolescents is high.

7. Teenagers are often experiencing sexual intercourse and other forms of sexual activity at a variable age. It is estimated that 40-60 percent of 14-year-olds have had sexual intercourse, depending on which particular survey or study one references. In addition, drug abuse is epidemic among our youth.

8. Most adolescents, perhaps even children, have heard of condoms. As a matter of fact, the majority believe that if they use condoms they have nothing to worry about. This is not true. If adolescents oversimplify and overestimate the value of condoms, they will take needless risks with their health unknowingly. They might well become AIDS victims.

9. Condom failure rate in the transmission of the AIDS virus ranges, according to various reports, from 10 to 17 percent. A recent finding by Dr. Margaret Fischl at the University of Miami Medical School indicates that the condom failure rate may possibly be as high as 30 percent, but more longitudinal (five-year) studies are needed before this statistic can be used with confidence. At any rate, condoms do fail and do not provide the safety that many people have thought. Even with condom use, which is discussed later, the AIDS virus can be contracted.

For use with Objective 5.0.

SPECIAL TEACHING SUPPLEMENTS

AIDS Education Curriculum
DIRECT TEACHING SUPPLEMENT NUMBER 2

RISK BEHAVIORS AND SITUATIONS

In the Merrill booklet, AIDS: Understanding and Prevention, nine risk behaviors and situations are identified and discussed. (See Secondary Teaching Master/Transparency Number 15.) These behaviors are addressed (1) to inform individuals of the dangers these behaviors present and (2) to tell them to fully avoid these behaviors. Some of these behaviors are very risky, while others are less risky. Regardless of the degree of risk, these behaviors are known to be transmission vectors for the AIDS virus. The label that follows each behavior in the booklet is most important to read and discuss.

Sexual intercourse outside of a mutually faithful marriage relationship is a risk behavior. The AIDS virus can be transmitted during sexual intercourse with an infected partner. Sexual intercourse should be reserved for the marriage relationship with a mutually faithful partner. It should be understood that this behavior is considered a risk behavior as it refers to premarital sex, sex with an AIDS infected partner, and sex with multiple partners.

Anal intercourse and oral-genital intercourse are very high risk behaviors. Anal intercourse is considered the most risky of all behaviors; it is ILLEGAL AND UNHEALTHY.

Open-mouth kissing continues to be a concern among health professionals in regard to the transmission of the AIDS virus. According to Dr. Stan Collins an obstetrician and gynecologist, the trauma resulting from open-mouth kissing can produce abrasions, lesions, and injury in the mouth, thus providing a passageway for the AIDS virus to enter the bloodstream if the partner is HIV infected and blood contact is made from mouth to mouth. This practice is questionable.

The four above behaviors are definitely high risk behaviors. (See Merrill booklet.) Individuals may not know whether the partner is infected.

DIRECT TEACHING SUPPLEMENT NO. 2 CONTINUED
RISK BEHAVIORS AND SITUATIONS

Sexual contact with multiple partners or someone who has had multiple partners is also a high risk behavior. The increased number of sexual contacts increases one's risk of becoming infected with the AIDS virus.

Sexual contact with prostitutes is another high risk behavior.

Other risk behaviors/situations are addressed in the Merrill booklet. Remind students of the high level of risk involved in intravenous drug use.

Address transfusions and pregnancy as discussed in the Merrill booklet. Clarify these AIDS transmission modes as risk situations, not risk behaviors. (Note carefully the information in the Merrill booklet.)

As these nine risk behaviors and situations are discussed, refer to the Decision Making Model (Teaching Master/Transparency Number 18) taught in this program. Apply these questions to each behavior/situation:

1. Would the results of my decision be healthful?
2. Would the results of my decision be safe?
3. Would the results of my decision be legal?
4. Would the results of my decision show respect for myself and others?

In summary, students must be helped to make responsible decisions and act appropriately upon these decisions. They must know that the risk behaviors listed in the booklet AIDS: Understanding and Prevention are unhealthy can lead to serious problems in the wellness of themselves and others and even death.

02880047

For use with Objective 7.

SPECIAL TEACHING SUPPLEMENTS

AIDS Education Curriculum
DIRECT TEACHING SUPPLEMENT NUMBER 4

WHAT ABOUT "SAFE" SEX AND CONDOM USAGE?

Regardless of what some writers state and some video producers indicate, there really is no such thing as "safe" sex. Some people talk about "protection" and "safe sexual practices," but these terms are quite misleading. Clearly, some kinds of sexual behavior are more dangerous than others. (See Objective 5.) Some behaviors are "less risky," but they are not truly safe.

Some persons advocate the use of the condom as a supposedly "safe sex" practice. Both print and electronic media have made more individuals aware of the condom as a means of "protection." Most young people do know about the condom. They see the condom advertised widely. Condoms are readily displayed and are available for purchase in grocery stores, pharmacies, convenience stores, and restrooms. Unfortunately, many people think the condom is fail-proof; it is not and people must know this fact. Any discussion of the condom, including answering questions about condoms, must address the high failure rate of the condom.

Discussion of the condom must not undermine the importance of restraint and responsibility in the minds of people. They must understand the condom is not a "protection" against the transmission of the virus. Only abstinence before marriage and fidelity with marriage are the known behaviors that will prevent the transmission of the AIDS virus. A primary purpose of discussing the condom in this curriculum is to give factual information that will save lives, not encourage sexual promiscuity. Giving available, up-to-date information about the failure rate of the condom will lead to a greater degree of abstinence, not a higher level of sexual activity. According to former United States Secretary of Education William J. Bennett, "The definition of risks involved must be addressed." There are many known risks involved in the use of condoms.

Studies on condoms have well documented a 10 percent failure rate per woman per year for pregnancy. That means that a married couple who depends upon

condoms for five years has a 50 percent chance of experiencing a pregnancy, according to Dr. Theresa L. Crenshaw, a United States AIDS Commissioner. When a condom fails and pregnancy results, a life is gained. There are women today telling of condom failures in their own homes. When a condom fails for AIDS protection, a life is lost. The risks are not equivalent.

Some experts believe that condoms are much less effective as a means of stopping the transmission of the AIDS virus. According to a recent study conducted by Dr. Margaret Fischl at the University of Miami Medical School, 17 percent of the women whose husbands with the AIDS virus used condoms became infected themselves within 18 months, despite the use of condoms. (Bennett and Crenshaw, 1987). After approximately two years, the failure rate increased to 30 percent according to an unpublished telephone communication of Dr. Theresa L. Crenshaw with Dr. Margaret Fischl.

Dr. C. Everett Koop, Surgeon General of the United States, reports a 20% failure rate of the condom. (Surgeon General's Report on Acquired Immune Deficiency Syndrome, 1987.)

When the known failure rate for condoms with pregnancy is compared with the unknown possible failure rate for AIDS protection, certain facts have led Dr. Theresa Crenshaw to believe that the failure rate will be exceedingly high for AIDS:

1. The AIDS virus is 500 times smaller than a sperm.
2. A woman is susceptible to infection 365 days a year, not just a few days per month.
3. Many teenagers do not have money to purchase condoms and in intense arousal do not use a condom when available.
4. Often condoms are too thin and result in breakage or have ridges that irritate and are more likely to tear tissue and cause blood-to-blood contact during sexual activity.
5. There are no reliable figures on the safety of condoms for preventing AIDS. Some studies yield failure rates of 10, 17, 20, and even 30 percent. Other studies, according to Dr. Crenshaw, demonstrate

> that condoms delay infection but do not prevent it. Existing studies are not large enough nor have they continued long enough to be conclusive. Five years should be a minimum to determine condom failure rate according to Dr. Crenshaw.

While condoms are not foolproof, condoms have been implicated by medical professionals (Dr. Koop, Dr. Fischl, Dr. Crenshaw), as a valuable resource in the battleagainst AIDS for those who refuse to abstain. People must know that the use of condoms can reduce, but by no means eliminate, the risk of contracting AIDS. Condoms can and do fail. Secretary Bennett states, "The use of condoms can reduce the risk of infection when engaging in sexual activity, but they must be used from start to finish and in a manner that prevents any exchange of body fluids. Even then, there is no guarantee of safety." U. S. Surgeon General Dr. Koop concurs.

It must be pointed out that individuals' beliefs and convictions about proper sexual behavior are more effective in shaping their behavior than mere knowledge of devices such as condoms.

In summary, the fact is that so-called "safe sex" practices often do not protect the individuals. These practices fail for several reasons according to Drs. Robert Redfield and Wanda Kay Franz.

1. An individual may not do everything exactly right at the right time.
2. Alcohol and drug use may affect an individual's judgment and lead to mistakes that can lead to contracting the AIDS virus.
3. There may be failures beyond one's control. (Condom failure rate is too high -- 10 to possibly 30 percent. The exact failure rate is not known.)

Drs. Robert Redfield and Wanda Kay Franz make the following recommendation to students in their booklet AIDS and Young People (1987), page 20.

> Whenever you hear someone talk about "safe sex", think of this example: if you take a revolver and put a bullet in one of its six chambers, then point the gun at your head and pull the trigger, this may be "safer" than if you had filled five of the six chambers with bullets. The risk is less. But you can hardly call it "safe." The safest thing to do is don't do it at all.

References

William C. Bennett. AIDS and the Education of Our Children: A Guide for Parents and Teachers. Washington, D.C.: United States Department of Education, 1987.

Theresa L. Crenshaw, M. D. Congressional Testimony for Children and Teenagers - To the Select Committee on Children, Youth, and Families. Washington, D. C., June 18, 1987. (Acquired transcript on February 17, 1988.)

C.Everett Koop, M. D., U. S. Surgeon General's Report on Acquired Immune Deficiency Syndrom, Washington, D. C., 1987.

Robert Redfield, M.D., and Wanda Kay Franz, Ph.D. AIDS and Young People. Washington, D.C.: Regnery Gateway, Inc., 1987.

AIDS INFORMATION CENTERS
TELEPHONE HOTLINES/BROCHURES

National AIDS Hotline

United States Health Service

1-800-342-AIDS Recorded Information (24 Hours)

1-800-342-7514 Personal Assistance

South Carolina AIDS Hotline

South Carolina Department of Health and Environmental Control 1-800-332-AIDS

National AIDS Information and Education Program Brochure

"What You Should Know About AIDS"

America Responds to AIDS
Post Office Box 6003
Rockville, MD 20850

South Carolina AIDS Central

"AIDS Update"
South Caroina DHEC Central Newsletter
South Carolina DHEC
2600 Bull Street
Columbia, SC 29201

AIDS PRETEST

PART 1: AIDS FACTS

For each statement, circle the letter (T) if you think the statement is true, (F) if you think the statement is false, or (U) if you are undecided.

T F U 1. A virus is a microscopic unit that can reproduce only inside a living host.

T F U 2. AIDS is caused by a virus.

T F U 3. The AIDS virus destroys infection-fighting cells called T-cells.

T F U 4. Some African countries report that half of their population has been exposed to AIDS.

T F U 5. The area where AIDS started has been definitely identified.

T F U 6. The AIDS virus has been linked to the green monkey.

T F U 7. A person can get the AIDS virus by giving blood.

T F U 8. Sharing IV needles and syringes puts a person at a very high risk for getting the AIDS virus.

T F U 9. Only homosexual and bisexual men get AIDS.

T F U 10. A person can be infected with the AIDS virus and transmit it to others without having the disease.

T F U 11. A person who is infected with the AIDS virus is contagious even if he or she never contracts ARC or AIDS.

T F U 12. There is no cure for AIDS.

T F U 13. AIDS patients suffer from a variety of symptoms of opportunistic diseases.

T F U 14. Strengthening the immune system will cure AIDS.

T F U 15. Deciding to postpone sexual activity or to enter into a long term mutually faithful marital monogamous relationship is the best way to avoid AIDS.

PART II: AIDS THOUGHTS

For each statement, circle (a) if you agree, (D) if you disagree, or (N) if you neither agree nor disagree.

A D N 16. Persons do not need to use condoms when having sex with a friend.

A D N 17. Persons who practice sexual abstinence or fidelity to avoid the AIDS virus are over-reacting.

A D N 18. Students who have the AIDS virus should not be allowed to attend school.

A D N 19. Open-mouth kissing with an AIDS infected person may lead to AIDS infection.

A D N 20. Women who are infected with AIDS should not have babies.

A D N 21. A person infected with the AIDS virus should be required by law to disclose the fact to a partner before any sexual activity takes place.

A D N 22. Before a vaccine is used experimentally on humans, it must be used successfully for several years on laboratory animals.

A D N 23. The tests to determine if one is infected with the AIDS virus are not conclusive.

A D N 24. A person who has AIDS loses hope, independence, physical strength, mental keenness, and self-esteem.

A D N 25. Symptoms of AIDS can occur anytime from six months to seven years after infection.

A D N 26. AZT is very expensive and may produce severe side effects such as anemia.

A D N 27. An AIDS infected person has a responsibility to know about the disease and to avoid spreading it.

A D N 28. Once a person has been pregnant, it is too late to decide to say no to being sexually active.

A D N 29. Saying no to drugs may have an effect on a person's chances of catching AIDS.

A D N 30. You can use refusal skills to keep yourself and others from AIDS infection.

DEVELOPED BY HORRY COUNTY SCHOOL DISTRICT, 1988.

INSTRUCTIONAL RESOURCES
(AIDS EDUCATION CURRICULUM)

Core List

1. Linda Meeks and Philip Heit, THE MERRILL WELLNESS SERIES - AIDS: Understanding and Prevention. Columbus, Ohio: Merrill Publishing Company, 1988. (1 class set of 30 copies per teacher with 1 teacher's edition)

2. Videotape from the American Red Cross - "A Letter from Brian," 1987. (Running Time: 20 minutes) (1 copy per school)

3. Videotape from the American Red Cross - "Beyond Fear - The Virus," 1987. (Running Time: 20 minutes - Segment 1 of 3) (1 copy per school)

4. Teaching Masters/Transparencies (TM/T) Set Selected/Adapted for Resource Materials or Developed in the Horry County School District to Accompany the Curriculum. (1 set per teacher)

Supplementary List

1. American Red Cross. AIDS Prevention Program for Youth, 1987. (Two Booklets: AIDS Prevention Program for Youth - Information for Students and AIDS Prevention Program for Youth - Information for Teachers/Leaders) (1 copy per school)

2. AIDS and the Education of Our Children: A Guide for Parents and Teachers. Washington, D.C.: U. S. Department of Education, October, 1987. (U. S. Secretary of Education William Bennett's Report) (1 copy per teacher).

3. AIDS Update: South Carolina Department of Health and Environmental Control AIDS Central Newsletter, Volume 1, Number 7, December, 1987. (Continuing subscription issues)

4. ASCD CURRICULUM UPDATE. AIDS Forces the Issue: Crisis Prevention or Education in Sexually, Volume 29, Number 7, October, 1987. (1 copy per teacher)

5. Sandra Gottfried et al. Biology. Englewood Cliffs, N.J.: Prentice-Hall, Inc., 1983. (District-Adopted biology textbook available in each secondary school)

6. Robert Redfield, M.D. and Wanda Kay Franz, Ph.D. AIDS and Young People. Washington, D.C.: Regnery Gateway, Inc., 1987. (10 copies per teacher)

7. Surgeon General's Report on Acquired Immune Deficiency Syndrom. Washington, D.C.: U. S. Department of Health and Human Services, 1987. (1 copy per teacher)

8. Videotape of "The National AIDS Awareness Test: What Do You Know About Acquired Immune Deficiency Syndrome?" New York: Metropolitan Life and Affiliated Companies, 1987. (Two-hour videotape with selected sections to be used by the teacher) (1 copy per school with 1 copy of response sheet) (Also, 1 copy of typed transcript of the videotaped test)

9. William L. Yarber. AIDS: What Young Adults Should Know. Reston, Virginia: American Alliance for Health, Physical Education, Recreation, and Dance, 1987. (1 copy per school)

"The National AIDS Awareness Test"

Metropolitan Life and Affiliated Companies

Fall, 1987

Name_____Date _____

Class _____

Directions: Circle the correct answer.

1. AIDS is caused by a. a virus, b. bacteria, c. a parasite.

2. Is AIDS contagious? Yes No

3. The number of AIDS cases diagnosed in the United States is approximately
a. 1 million, b. 40,000.

4. When was AIDS first identified? a. 1957, b. 1972, c. 1981.

5. By the end of 1991, the total cases in the United States will be approximately
a. 50,000 b. 250,000, c. 1,000,000.

6. How many AIDS virus carriers are there in the United States?
a. 100,000, b. 500,000, c. 1,000,000.

7. In the world, the greatest number of AIDS cases reported officially is in
a. Latin America, b. Asia, c. the United States d. Africia.

8. Women have a greater natural immunity to AIDS. True False

9. Pregnant women with AIDS can give birth to an infected child. True False

10. AIDS occurs more often among
a. heterosexuals, b. homosexuals, c. drug users.

11. Blacks and Hispanics are more susceptible to the AIDS virus than other ethnic groups. True False

12. AIDS is more contagious than measels. True False

13. AIDS is more contagious than tuberculosis. True False

14. AIDS is more contagious than small pox. True False

15. AIDS is more contagious than the common cold. True False

16. AIDS cannot be transmitted from woman to man. True False

17. You are more likely to get AIDS from engaging in a. oral sex, b. anal sex, c. vaginal sex.
18. The only sure way to keep from getting AIDS is a. abstinence, b. sex with protection, c. early withdrawal.
19. The best device to prevent spreading AIDS is a. natural condoms, b. latex condoms, c. diaphragm.
20. Spermacidal gel used with a condom adds protection against AIDS. True False
21. Condoms need only be worn during anal sex. True False
22. You can get AIDS through sex even if you have only one partner. True False
23. You cannot get AIDS from giving blood. True False
24. You can get AIDS FROM AN ORGAN TRANSPLANT. True False
25. Health care workers can get AIDS if infected blood gets in cuts or in the eye. True False
26. Hospitals are required to protect health care workers from AIDS. True False
27. You can get AIDS from a tattoo needle. True False
28. Doctors have found cases where individuals with AIDS were infected by mosquitoes. True False
29. The aids virus thrives in heroin. True False
30. You can get AIDS from using an IV needle that has been used by an AIDS carrier. True False
31. Once you get the AIDS virus, you will always have it. True False
32. The symptoms of people with AIDS are always the same. True False
33. A person with the AIDS virus can look and feel well and healthy. True False
34. AIDS can kill you by destroying the brain. True False
35. It can take five years or more for a carrier to develop AIDS. True False

36. AZT is the only drug licensed in the United States to combat AIDS.
True False

37. There is no known cure for AIDS. True False

38. There is no known vaccine to protect against AIDS.
True False

39. The cost per year for care of an AIDS victim is
a. $10,000, b. $50,000, c. $100,000.

40. The annual cost in the United States for all AIDS patients is
a. 300 million dollars, b. 800 million dollars, c. over 1 billion dollars

41. If your blood test for AIDS virus is negative, you are immune to AIDS.
True False

42. A recent negative blood test proves you are not a carrier.
True False

43. How long is it from exposure until the AIDS virus shows up in a blood test?
a. 1-3 days, b. 1-3 weeks, c. 1-3 months.

44. A person who tests positive a. may develop the disease,
b. is certain to develop the disease.

45. All applicants for a marriage license must be tested for AIDS.
True False

46. All United States military personnel must be tested for AIDS.
True False

47. Can you get AIDS from touching? Yes No

48. Can you get AIDS from sharing soap? Yes No

49. Can you get AIDS from sharing a telephone? Yes No

50. Can the AIDS virus be spread through a sneeze? Yes No

51. Can you get AIDS from sharing a locker? Yes No

52. Can you get AIDS from swimming pools? Yes No

53. Can you get AIDS from food? Yes No

54. Can you get aids from money? Yes No

55. Can you get AIDS from garbage? Yes No

What do you think is the best way to deal with the AIDS problem in our country?

Acknowledgement

This written test accompanies the videotape. It is reprinted and used with permission granted by Metropolitan Life and Affiliated Companies.

"The National AIDS Awareness Test"

Answer Key

Metropolitan Life and Affiliated Companies

1. A
2. Yes
3. B
4. C
5. B
6. C
7. C
8. False
9. True
10. B
11. False
12. False
13. False
14. False
15. False
16. False
17. B
18. A
19. B
20. True
21. False
22. True
23. True
24. True
25. True
26. False
27. True
28. False
29. False
30. True
31. True
32. False
33. True
34. True
35. True
36. True
37. True
38. True
39. B
40. C
41. False
42. False
43. C
44. A
45. False
46. True
47. No
48. No
49. No
50. No
51. No
52. No
53. No
54. No
55. No

TEACHING MASTERS/TRANSPARENCIES (TM/T) FOR AIDS EDUCATION CURRICULUM GUIDE FOR ADULT EDUCATION

HORRY COUNTY SCHOOL DISTRICT
ADULT EDUCATION CENTER
Route 6, Box 201
Conway, SC 29526

JOHN W. DAWSEY
SUPERINTENDENT

1989

THIS 310 PROJECT IS A COOPERATIVE EFFORT
OF HORRY COUNTY SCHOOL DISTRICT'S
OFFICE OF ADULT AND COMMUNITY EDUCATION
AND SOUTH CAROLINA DEPARTMENT OF
EDUCATION'S OFFICE OF ADULT EDUCATION.

JOHN W. DAWSEY, SUPERINTENDENT
HORRY COUNTY SCHOOL DISTRICT

DR. CHARLES G. WILLIAMS, SUPERINTENDENT
SOUTH CAROLINA DEPARTMENT OF EDUCATION

AIDS DEFINITION

The letters - AIDS - stand for:

Acquired - Passed from person to person. Not gotten genetically as are height and hair color.

Immune - The body's defense system, providing protection from disease.

Deficiency - Having a lack of.

Syndrome - A group of signs or symptoms which, when they occur together, mean a person has a particular disease or condition.

ACQUIRED – not hereditary

IMMUNE – body's defense against disease

DEFICIENCY – having a lack of

SYNDROME – group of conditions

AIDS IS A CONDITION WHEREBY THE BODY'S IMMUNE SYSTEM BECOMES WEAKENED, RESULTING IN A DECREASED ABILITY OF THE BODY TO FIGHT OFF DISEASE.

WHAT IS AIDS?

AIDS is a communicable disease that breaks down a part of the body's immune system, leaving a person vulnerable to a variety of unusual, life-threatening illnesses. It is caused by a virus.

BODY DEFENSES

Skin—first line of defense; when unbroken it acts as a barrier

Mucous membranes—protective linings of body openings

Mucus—sticky protective coating produced by mucous membranes; traps pathogens

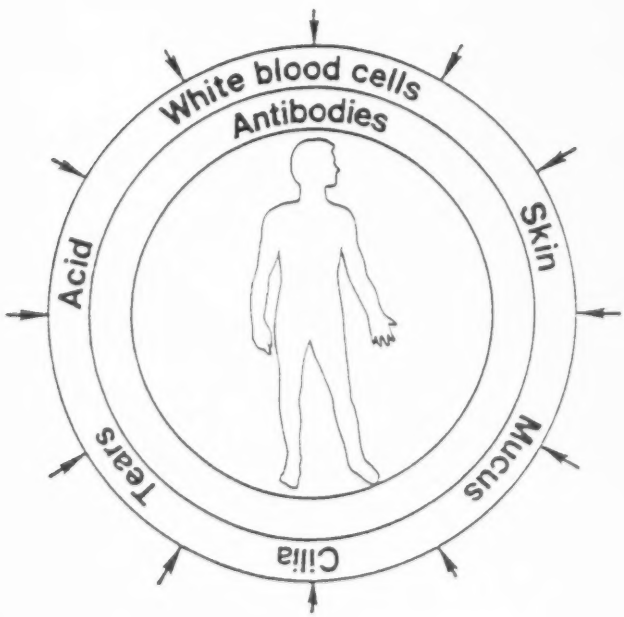
Cilia—hairlike projections in the nose and throat; trap pathogens

Tears—protect eyes by continually washing them and keeping pathogens from entering the eyes

Stomach acids—destroy pathogens ingested with foods

White blood cells—surround and destroy pathogens

Antibodies—protein substances produced in blood that destroy pathogens



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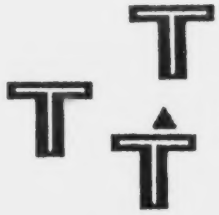
AIDS VIRUS ATTACK

1. Our natural immune system constantly produces cells and antibodies that destroy pathogens to which we are exposed every day.

T-lymphocyte, a type of white blood cell

AIDS virus ▲ attacking T-lymphocyte



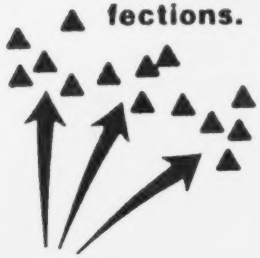
2. When the HIV virus invades the body, it attaçks cells that are a part of the immune system.

Virus growing in cell

3. Consequently, the immune system no longer functions in attacking and destroying other pathogens to which a person is normally exposed.

Reproduction of AIDS virus

4. As a result, a person no longer has resistance to life-threatening infections.



Teaching Master

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S.C. AIDS AND HIV INFECTION STATISTICS*

	S.C. AIDS (2-28-89) #	S.C. AIDS (2-28-89) (%)	S.C. HIV #	S.C. HIV (%)	U.S. AIDS #	U.S. AIDS (%)
TOTAL REPORTED	414	(100)	2243	(100)	88,096	(100)
MORTALITY						
Alive	176	(43)	N/A		37,426	(42)
Dead	238	(57)	N/A		50,670	(58)
AGE						
0-12	10	(2)	34	(2)	1,440	(2)
13+	404	(98)	2028	(90)	86,656	(98)
Not Reported	0	(0)	181	(8)	0	(0)
SEX						
Males	369	(89)	1795	(80)	79,918	(91)
Females	45	(11)	286	(13)	8,178	(9)
Not Reported/Other	0	(0)	162	(7)	0	(0)
RACE						
Blacks	229	(55)	1215	(54)	22,759	(26)
Whites	183	(45)	733	(33)	50,123	(57)
Other	2	(0)	295	(13)	15,214	(17)
RISK FACTORS					(U.S.: ADULT/ADOLESCENT)	
Homo/Bisexual	213	(52)	N/A		53,317	(62)
IV Drug User	73	(18)	N/A		17,392	(20)
Both of Above	26	(6)	N/A		6,225	(7)
Heterosexual	20	(5)	N/A		3,804	(4)
Hemophilia	6	(1)	N/A		845	(1)
Transfusion	18	(4)	N/A		2,170	(3)
Child of HIV	7	(2)	N/A		Child: See Below U.S...	
Not Reported	51	(12)	N/A		2,903	(3)

Note: S.C. stats begin in 1982 and are cumulative.
U.S. stats are cumulative from the first reported case in the mid 1970's.

(U.S.: 0-12 YRS. OLD)		
Parent**	1,126	(78)
Transfusion	177	(12)
Hemophilia	84	(6)
Other	53	(4)

*Data is provisional.
**Parent with/at risk of AIDS.
N/A = Not available.

COUNTY OF RESIDENCE - S.C. AIDS AND HIV STATISTICS

*Represents 3 or fewer cases

	AIDS	HIV		AIDS	HIV		AIDS	HIV
Charleston	84	387	Marion	7	19	Cherokee	*	9
Richland	70	376	Spartanburg	6	106	Dillon	*	9
Greenville	35	194	Clarendon	5	18	Allendale	*	8
Aiken	24	41	Lancaster	4	15	Calhoun	*	8
Florence	16	57	Saluda	4	11	Hampton	*	7
Orangeburg	16	117	Union	4	5	Barnwell	*	5
Sumter	16	65	Laurens	*	40	Jasper	*	5
Horry	12	87	Dorchester	*	24	Abbeville	*	*
York	11	44	Greenwood	*	24	Chesterfield	*	*
Beaufort	10	30	Georgetown	*	21	Edgefield	*	*
Lexington	10	79	Colleton	*	19	Fairfield	*	*
Pickens	10	12	Kershaw	*	19	Lee	*	*
Anderson	9	52	Bamberg	*	17	McCormick	*	*
Williamsburg	9	24	Marlboro	*	14	Oconee	*	*
Berkeley	7	43	Chester	*	13	Not Reported	0	175
Darlington	7	19	Newberry	*	10			
						TOTAL	414	2243

AIDS/ARC/HIV in South Carolina
Projected Numbers of Cases

	1987	1991
AIDS	250	1,940
ARC	2,500	19,400
HIV	12,500	97,000
TOTAL	15,250	118,340
(Cases per person)	1/230	1/30

"At the present time there is no vaccine to prevent AIDS. There is no cure...Information and education are the only weapons against AIDS."
U.S. Surgeon General C. Everett Koop, M.D., ScD. Surgeon General's Report on AIDS, 1986.

AIDS IS HARD
TO GET.
IT IS NOT SPREAD
THROUGH CASUAL
CONTACT.

HOW THE VIRUS IS SPREAD

SEXUAL INTERCOURSE

1. Vaginal intercourse:	penis — vagina
2. Oral intercourse:	mouth — penis
	mouth — vagina
3. Anal intercourse:	penis — anus

IF A PERSON IS INFECTED

- the semen or vaginal fluid has the virus present
- the virus is absorbed into the other person's bloodstream through mucous membrane of the anus, vagina, mouth or penis
- anal intercourse is more dangerous because the anus is more likely to have small tears

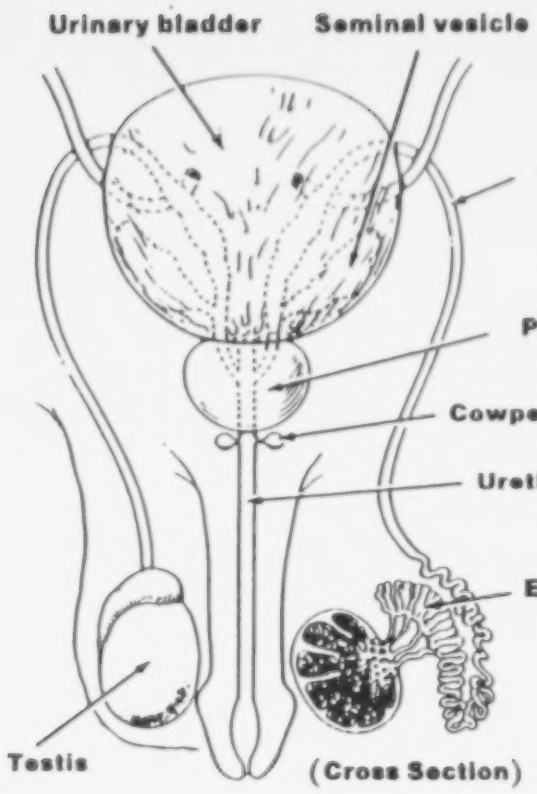
HOW THE VIRUS IS SPREAD

BLOOD EXCHANGE

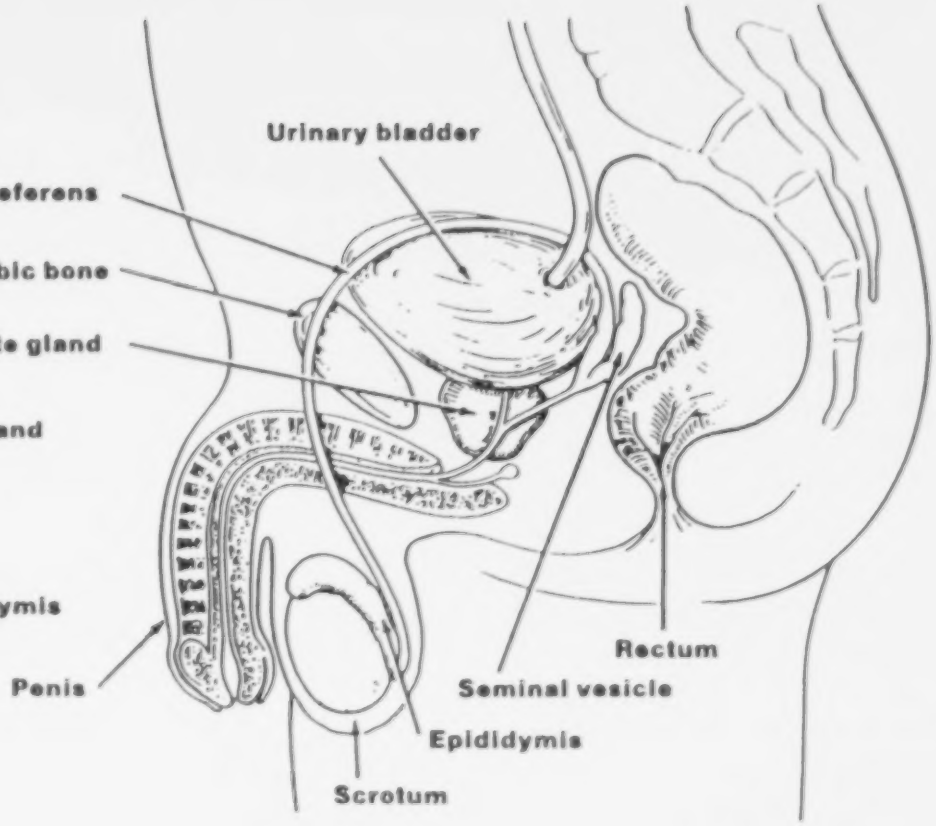
1. Pregnant woman to unborn child: through placenta
2. Shared use of needles for intravenous drug use
3. Receiving blood transfusion or blood products (prior to 1985)

MALE REPRODUCTIVE ORGANS

FRONT VIEW



SIDE VIEW



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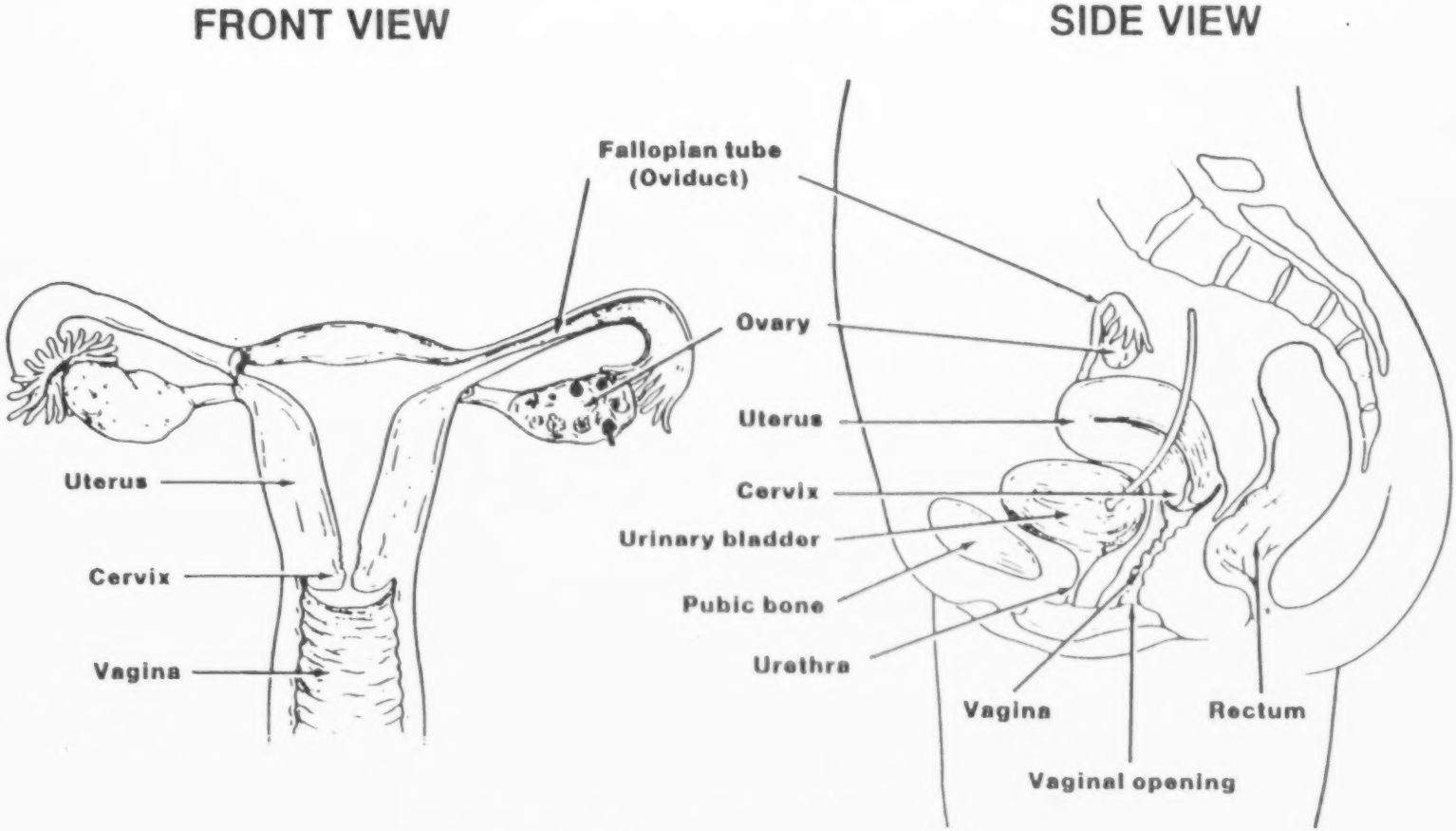
FEMALE REPRODUCTIVE ORGANS



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RISK BEHAVIORS

- Sexual intercourse with an infected partner
- Anal intercourse with an infected partner
- Oral-genital intercourse with an infected partner
- Open-mouth kissing with an infected partner
- Sexual contact with multiple sex partners or with someone who has had multiple sex partners
- Sexual contact with prostitutes
- Sharing blood-contaminated needles during intravenous drug use
- Transfusion with infected blood or blood products
- Pregnancy of an infected woman

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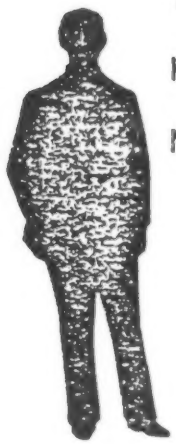
HOW ONE PERSON CAN CREATE AN AIDS EPIDEMIC AN ACTUAL CASE STUDY*

AIDS

ARC

not infected



This heterosexual man has AIDS.

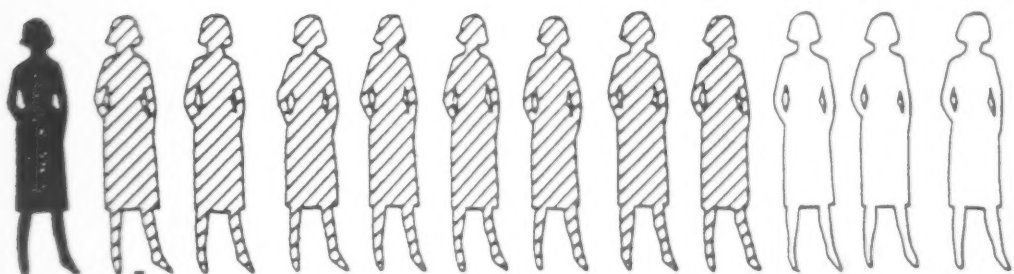
He had sexual intercourse with 12 women.

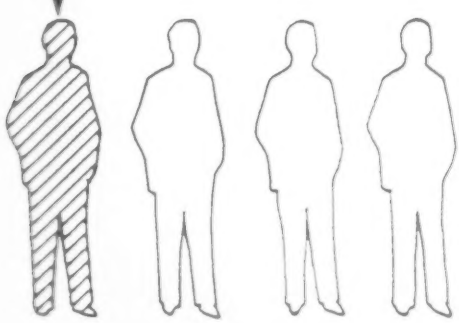
None of the women were drug users.

Nine women developed ARC.

One woman developed AIDS.

Three tested negative for AIDS.





One male partner from these women developed ARC.

The origin of AIDS in the man was not known.
He died at age 40.
He left many others infected with AIDS.

* Adapted from *U.S. News and World Report*, January 12, 1987, p. 65

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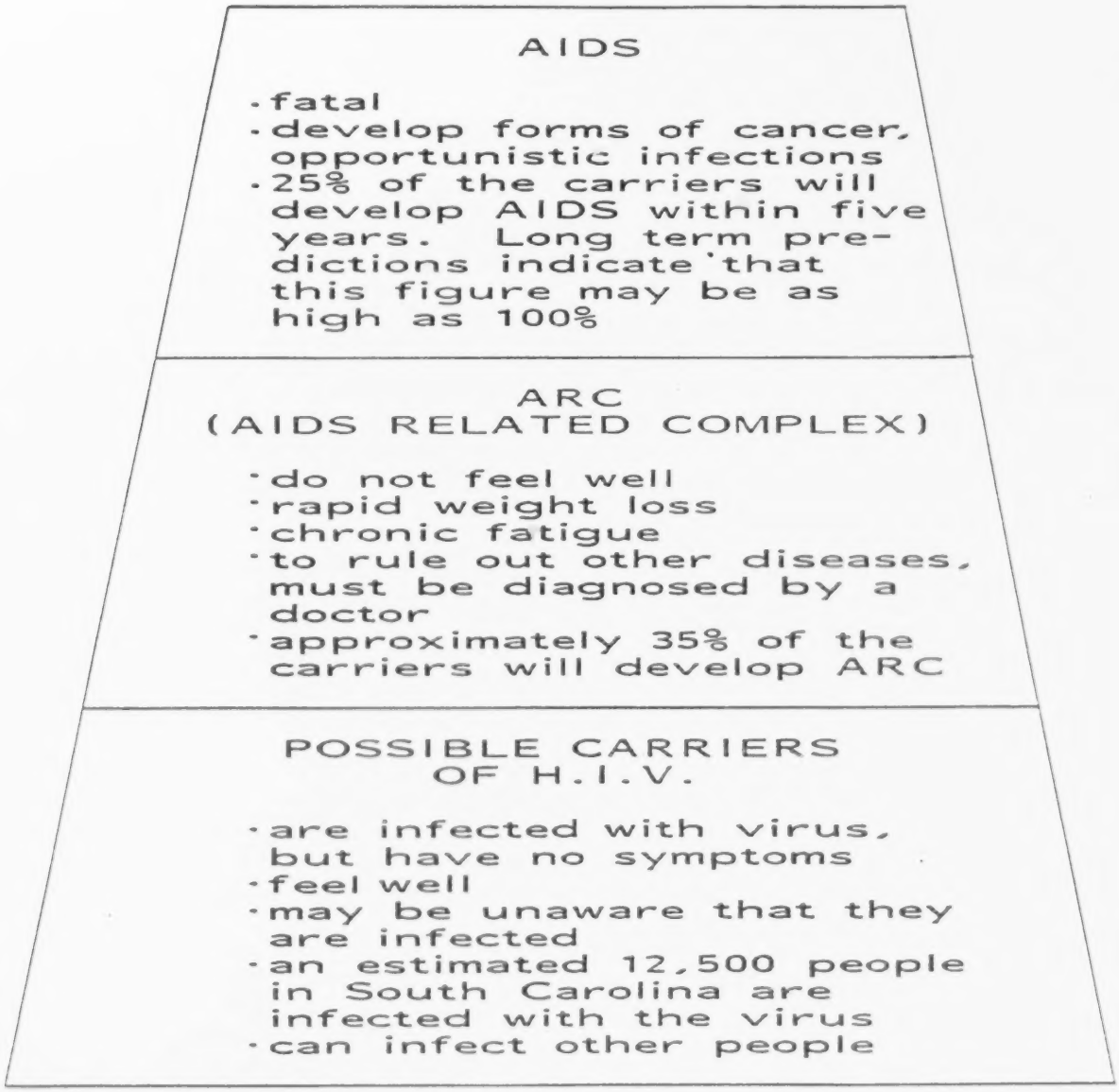
AIDS IS A PREVENTABLE DISEASE.

THE ICEBERG EFFECT OF AIDS


AIDS
·fatal
·develop forms of cancer, opportunistic infections
·25% of the carriers will develop AIDS within five years. Long term predictions indicate that this figure may be as high as 100%
ARC
(AIDS RELATED COMPLEX)
·do not feel well
·rapid weight loss
·chronic fatigue
·to rule out other diseases, must be diagnosed by a doctor
·approximately 35% of the carriers will develop ARC
POSSIBLE CARRIERS OF H.I.V.
·are infected with virus, but have no symptoms
·feel well
·may be unaware that they are infected
·an estimated 12,500 people in South Carolina are infected with the virus
·can infect other people

RESPONSIBLE DECISION MAKING

1. **Identify the problem.**

2. **Identify ways to deal with the problem.**

3. **Apply criteria for responsible decision making to each alternative.**

   - **Would the results of my decision be healthful?**
   - **Would the results of my decision be safe?**
   - **Would the results of my decision be legal?**
   - **Would the results of my decision show respect for myself and others?**
   - **Would the results of my decision follow my parents' or guardian's guidelines?**

4. **Make a responsible decision and act upon it.**

5. **Evaluate your actions.**

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REFUSAL SKILLS

Refusal skills are techniques that you can use to reinforce decisions that are healthful, safe, legal, show respect for yourself and others, and follow your parents' or guardian's guidelines.

- **Give a reason for your refusal.**
  "I do not want to harm my health."

- **Use your behavior to reinforce what you mean.**
  As you speak, look directly into the eyes of the other person.

- **Show you care about others.**
  "I do like you, but this activity is harmful, and I wish you would not do it."

- **Provide alternatives.**
  "Let's go talk with our school counselor."

- **Take a definite action.**
  "I am not going to participate in this activity."

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AIDS IS A PREVENTABLE DISEASE.

Nation-wide AIDS Cases Statistics

As of January 12, 1988

50,000 Cases

- - - - - - - - - -

20,000 Cases Reported in 1987

- - - - - - - - - -

400 Cases Being Reported

Weekly Now

- - - - - - - - - -

ALARMING!

AIDS IS PREVENTABLE.

Source:

CNN News

The reality is painful:

If you get AIDS, you will die.

There is no cure. There is only prevention. Education is one of the best forms of prevention.